

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560001

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1					
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1					
21	1					
22	1					
23	1					
24		1		1		
25		1		1		
26		1		1		
27		1		1		
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36		1		1		
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38		1		1		
39		1		1		
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42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49	1					
50	1					
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	24	←	←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	←
TOTAL CLAIMS			25			